



THE LAW OFFICES OF  
**McGUIRE, CROHAN & KLINGER**

*Not A Partnership*

1800 PEACHTREE STREET, SUITE 514

ATLANTA, GEORGIA 30309

Writer's direct Dial (404) 892-0033

TELEPHONE (404) 351-8500

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JAMES D. McGUIRE  
RICHARD B. CROHAN  
STANFORD N. KLINGER

August 30, 2013

Mayor Kasim Reed  
55 Trinity Ave.  
Suite 2400  
Atlanta, Georgia 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0001 2758 7066

The Members of the Atlanta City Council  
President Ceasar Mitchell  
Councilmember Carla Smith, Dist. 1  
Councilmember Kwanza Hall, Dist. 2  
Councilmember Ivory Lee Young, Dist. 3  
Councilmember Cleta Winslow, Dist. 4  
Councilmember Natalyn Archibong, Dist. 5  
Councilmember Alex Wong, District 6  
Councilmember Howard Shook, District 7  
Councilmember Yolanda Adrean, District 8  
Councilmember Felecia Moore, District 9  
Councilmember C.T. Martin, District 10  
Councilmember Keisha Lance Bottoms, District 11  
Councilmember Joyce Sheperd, District 12  
Councilmember Michael Bond, Post 1  
Councilmember Aaron Watson, Post 2  
Councilmember H. Lamar Willis, Post 3  
55 Trinity Ave., Suite 2900  
Atlanta, GA 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0001 2758 7073

Ms. Rhonda Johnson  
Clerk of Atlanta City Council  
55 Trinity Ave, Suite 2700  
Atlanta, Georgia 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0001 2758 7080

Cathy Hampton, Atlanta City Attorney  
Department of Law  
68 Mitchell Street  
Suite 4100  
Atlanta, GA 30303

VIA CERTIFIED MAIL NO.  
7005 1820 0006 0458 2725

[40]



Re: Notice of Claim Against the City of Atlanta, Georgia  
Claimant : Will Otis King a/ka/ Will Otis King III  
Date of Injury : 04/06/13  
Location : 3819 Jonesboro Road, Atlanta, GA

Dear Mayor Reed, Atlanta City Council Members,  
City Clerk Johnson, and City Attorney Hampton:

Please be advised that this firm represents Mr. Will Otis King regarding the injuries he suffered and damages he incurred as a result of being unlawfully shot in the head and face by Officer K. Jackson (unit 2313). (Whose first name has been identified by APD as Kylema.) A copy of the incident report #13-094-1706-00 is enclosed and incorporated herein by reference as if stated verbatim.

The notice is presented to the governing authority of the City of Atlanta, pursuant to O.C.G.A. §36-33-5. In accordance with O.C.G.A. §36-33-5, a copy of the Notice of Claim is being presented to the City of Atlanta the city government entity which the above referenced claimant asserts is responsible for the acts or omissions that caused his injuries and damages.

Consistent with O.C.G.A. §36-33-5 the following information is provided to the extent of the claimant's knowledge and belief:

(A) The name of the City entity or entities, the acts or omissions of which are asserted as the basis of the claim: the City of Atlanta, the City of Atlanta Police Department and City of Atlanta Police Officer K. Jackson (unit 2313) a/k/a Kylema Jackson.

(B) The time of the transaction or occurrence out of which the loss arose: The incident occurred on April 4, 2013, at approximately 5:10 p.m.

(C) The place of the transaction or occurrence: The incident occurred on 3819 Jonesboro Road, Atlanta, GA.

(D) The nature of the loss suffered: The acts and/or omissions of Officer K. Jackson, the City of Atlanta and the City of Atlanta Police Department resulted in the serious personal injury and damages of Will O. King, who was unjustifiably shot in the face, while unarmed. He has suffered and continues to suffer extreme injuries, pain and disfigurement from this shooting. The nature of the losses in this claim therefore includes all claims which can be brought by Mr. King, including, but not limited to, personal injuries

from the gun shot to his face, multiple surgeries, permanent scarring and disfigurement, claims for mental pain and suffering, physical pain and suffering, shock, fright, anxiety, worry, medical expenses, the intangible value of his loss of enjoyment of living, lost wages and earnings, his loss of earning capacity, and other necessary expenses and damages resulting from the injuries to Will O. King.

(E) The amount of the loss claimed: At a minimum, the permanent injuries received by Mr. King, along with economic and non-economic losses total (\$1,500,000.00) one million five hundred thousand dollars. Therefore, the total amount of the loss currently claimed is (\$1,500,000.00) one million five hundred thousand dollars.

(F) The acts omissions of the City of Atlanta, the City of Atlanta Police Department and/or Officer Jackson which caused the loss, include but are not limited to:

- (1) excessive use of force;
- (2) negligent hiring of Officer Jackson;
- (3) negligent retention of Officer Jackson;
- (4) failure to establish, implement and/or adhere to use of force policies;
- (5) failure to adequately train and/or supervise Officer Jackson;
- (6) failure to establish, implement and/or adhere to policies and/or procedures regarding the use of deadly force;
- (7) failure to establish, implement and/or adhere to policies and/or procedures regarding the use of deadly force for potential misdemeanor offenses;
- (8) ignoring and/or permitting the custom and/or policy of using excessive force;
- (9) ignoring and/or permitting the custom and/or policy of unreasonable searches and/or seizures;
- (10) ignoring and/or permitting the custom and/or policy of unlawful stops and/or harassment of motorists;
- (11) unlawful use of force;
- (12) unlawful discharge of a firearm;
- (13) assault and battery.

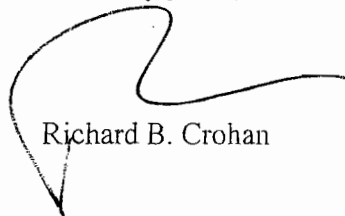
In addition, Officer Jackson, the City of Atlanta, the City of Atlanta Police Department and other City Officials, under color of law, subjected Will O. King, a citizen of the United States, to the deprivation of rights, privileges, and immunities secured by the U.S. and Georgia Constitutions and laws of this state. As such, Officer Jackson, the City Officials, the City of Atlanta Police Department and the City of Atlanta are liable to Will O. King.

Will O. King specifically reserves the right to amend this notice, pursue other theories of liability, to allege other acts of negligence by Officer Jackson, the City of Atlanta, the City of Atlanta Police Department, other City of Atlanta entities, or other private persons or entities as more details become available through the investigation or through the litigation of this matter should it become necessary.

Pursuant to O.C.G.A. section 36-33-5, this notice of claim is being sent within six months of the happening of the event upon which the claim against the municipal corporation is predicated. Mr. King is hereby presenting the claim in writing to the governing authority of the municipal corporation for adjustment. The code mandates that the governing authority act upon the claim within 30 days from the presentation.

Your return receipt will inform us of the date you received this notice. Please direct all future correspondence to this office and contact me if you have any questions.

Sincerely yours,

A handwritten signature in black ink, appearing to read "Richard B. Crohan". The signature is stylized with a large, sweeping loop on the left side and a horizontal line extending to the right.

Richard B. Crohan

SNK/haw

cc: James D. McGuire, Esq.



# INCIDENT REPORT

Incident #: 13-094-1706-01

Prepared:

4/7/2013 10:14:31 AM

Workflow Status: Report Approved by Central Records

Incident Info							
Incident #	Report Date	Time	Date Occurred	Time	Report Date	Time	Report
130941706-01	4/4/2013	1730	4/4/2013	1649	4/4/2013	1730	313
Shift	Zone	Location	Location Type	Rep. District	Rep. Officer	Inv. Officer	
E	03	3819 JONESBORO RD SE	01	313	5343		
Children Inv.	Family Inv.	Gang Related	Prev. Complaints	Prior Court Orders	Discretion	Dispo. Date	Time
		2					
How Committed?							
WARRANT ARREST							
Reason for Arrest					Relationship of Parties	Witness	
						1	

Offenses							
Offense	Offense	Offense	Offense	Offense	Offense	Offense	Offense
9M							1
Miscellaneous Non-Crime							
Offense Code	Offense Description	Offense Code	Offense Description	Offense Code	Offense Description	Offense Code	Offense Description
9999	C	9999	0				N

Involved Parties													
Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name	Name
VICTIM													
CITY OF ATLANTA													
Address	Address	Address	Address	Address	Address	Address	Address	Address	Address	Address	Address	Address	Address
215 LAKEWOOD WAY, ATL, GA 30315													
(404) 230-6104													
DOB	Age	DL Number	DL State	DL Expires	Sex	Race	Height	Weight	Hair	Eyes	Complexion	Complexion	Complexion
Hair Style	Hair Type	Hair Color	Hair Length	Hair Texture	Hair Condition	Hair Treatment	Hair Styling	Hair Accessories	Hair Care	Hair Products	Hair Tools	Hair Brushes	Hair Combs
Apparel	Shoes	Mouth	Gloves	Head	Neck	Waist	Legs	Feet	Hands	Arms	Back	Butt	Feet
Body Markings Type	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description	Body Markings Description
Injury / Killed	Injury / Severity	Location on Body	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized	Where Hospitalized
NOT INJURED													
SSN	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation	Occupation
Employer	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address	Employer Address

No Suspects to Display



# INCIDENT REPORT

Incident #: 13-094-1706-01

Prepared:

4/7/2013 10:14:31 AM

Arrest											
Name Type	Name	Location						County			
Arrest	WILCOX, KENNETH							FULT			
Address		High		Appt		Home Phone					
2800 CAMP CREEK PKWY, ATL, GA 30315											
DOB	Age	DL Number	DL State	DL Expire	Sex	Race	Height	Weight	Feet	Eyes	
12/21/1989	23				M	B					
CSN	Description										
Employer		Employer Address					Work Phone		Wk. Ext.		
Charge Type	Charge Num	Section		Remarks							
GC	1	106-90									
GF	2	99-WAR-FUL									

No Vehicles to Display

No Property to Display

Narrative				
<p>On 4/4/2013 at approximately 1649 hours, I Officer J. Sebastian and my partner Officer M. Johns responded to the location of 925 Conley to assist unit 3313 Officer Jackson with his case. At the time we detained a suspect involved with Officer Jackson's case that was placed in our patrol vehicle. The male suspect was detained until a proper identification could be made on the male. Officer Johns asked the male his name as he replied that his name was Reginald Bussey with a date of birth 10-31-1989. We then ran his name as it did not come back on file. We used a fingerprint machine to identify the suspect. The male was identified as Kenneth Wilcox via the fingerprint machine. Mr. Wilcox had a Warrant out of Fulton County for simple assault, warrant number 12CR388272 the date of the Warrant was 2/27/2013. When asked why he gave the name of Mr. Bussey he stated he used his brothers name. When Mr. Wilcox was cleared from questioning from the Detectives on Officer Jackson's case, he was arrested for giving a false name to Police 106-90, and the Warrant out of Fulton Co. Mr. Wilcox was taken to the Atlanta city jail for processing.</p> <p>There is nothing further to report at this time.</p> <p>THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DEPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.</p>				
Reporting Officer (Last, First)	ID #	Assignment	Gender	Signed Date
SEBASTIAN (YES)	5343	313		4/6/2013
Supervising Officer (Last, First)	ID #	Assignment	Gender	Signed Date
HENNINGER (YES)	2906	313		4/7/2013
Clear ID #	5402	File Date	4/7/2013 10:14:06 AM	



# INCIDENT REPORT

Incident #: 13-094-1706-00

Prepared:

4/6/2013 11:04:16 AM

Workflow Status: Report Approved by Central Records

Incident Info							
Incident #	Report Date	Time	Unit Dispatched	Time	Report Date	Time	Report
130941706-00	4/4/2013	1649	4/4/2013	1647	4/4/2013	1649	313
Shift	Zone	Location	Location Type	Rpt. District	Rpt. Officer	Inv. Officer	
E	03	3819 JONESBORO RD SE	13	313	0042		
Children Inv.	Family Inv.	Gang Related	Prev. Complaint	Prior Court Orders	Disposition	Dispo. Date	Time
Person Committed							
PERSON SHOT BY POLICE OFFICER							
Suspect No. Arrest					Relationship of Parties	Weapon	

Offenses							
Offense	Offense						# of Victims
9PIWD	Police Discharging Firearms						1
Offense	Offense	Offense	Offense	Offense	Offense	Offense	Offense
9999		9999	0				



# INCIDENT REPORT

Incident #: 13-094-1706-00

Prepared:

4/6/2013 11:04:16 AM

## Involved Parties

1	Name Type										Name																												
	VICTIM										KING III, WILL OTIS																												
	Address										Bldg. Apt. Home Phone																												
	3431 EISENHOWER RD, ATL, GA 30354																																						
	DOB		Age		DL Number		DL State		DL Expiration		Sex		Race		Height		Weight		Hair		Eyes																		
	4/3/1992		21								M		B																										
	Hair Style				Hair Type				Facial Hair				Complexion																										
	Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Detail		Skin Tone Type		Clothing Type																		
	Body Markings Type										Body Markings Description																												
Injury / Killed										Injury / Severity										Location on Body										Where Hospitalized									
GUN SHOT										SERIOUS										HEAD																			
SSN										Occupation										GCIC Code																			
Employer										Employer Address										Work Phone										Wk Ext									
2	Name Type										Name																												
	REPORTING PARTY										OFFICER K. JACKSON																												
	Address										Bldg. Apt. Home Phone																												
	DOB		Age		DL Number		DL State		DL Expiration		Sex		Race		Height		Weight		Hair		Eyes																		
	Hair Style				Hair Type				Facial Hair				Complexion																										
	Appear		Speech		Hand		Gloves		Teeth		Glasses		Hat		Mask		Eye Detail		Skin Tone Type		Clothing Type																		
	Body Markings Type										Body Markings Description																												
Injury / Killed										Injury / Severity										Location on Body										Where Hospitalized									
SSN										Occupation										GCIC Code																			
Employer										Employer Address										Work Phone										Wk Ext									





# INCIDENT REPORT

Incident #: 13-094-1706-00

Prepared:

4/6/2013 11:04:18 AM

## Suspects

Name-Title:										Name:														
SUSPECT										KING III, WILL OTIS														
Address:										Bldg:					Apt. #:					Home Phone:				
3441 EISENHOWER RD, ATL, GA 30354																								
DOB		Age		Dr. Number		Dr. State		Dr. Expire		Sex		Race		Height		Weight		Hair		Eyes				
4/3/1992		21								M		B												
Hair Style					Hair Type					Facial Hair					Complexion									
Apparel		Shoes		Hats		Gloves		Towels		Cigarettes		Hats		Mask		Eye Defect		Skin Tone Type		Clothing Type				
SSN					Occupation																			
Employer					Employer Address										Work Phone					Wk. Ext.				
Body Markings Type					Body Markings Description																			

No Arrests to Display!

## Vehicles

Owner										Vehicle Type										VIN									
										INVOLVED IN CRIME										1G2HX52KX5U111007									
Year		Make		Model		Style		Color #1		Color #2		Tag Type		Tag State		Tag #													
2005		PONT		BON		4D		SILVER				A		GA		114046668													
Date Stolen		Date Seized		Date Reported		Time Report		Date Recover		Time Recover		Value Stolen		Value Recover															
Total Vehicle Values										Total Value Stolen					Total Value Recovered														

No Property to Display!

## Narrative



# INCIDENT REPORT

Incident #: 13-094-1706-00

Prepared:

4/6/2013 11:04:18 AM

On Thursday April 4, 2013 at approximately 1710 hours homicide investigators responded to a call for assistance from Zone Three officers regarding a person shot call. They were reporting to us that one of their officers shot the person. Homicide and HOIST investigators met with the Zone Three units at 925 Conley Rd. The initial investigation into the shooting has revealed that Officer K. Jackson (unit 2313) was on patrol in the area of Jonesboro Rd and Conley Rd when he saw a vehicle being driven on the city streets without any valid insurance and an expired tag. A vehicle matching that description was also suspected of being involved in some robberies. The vehicle pulled into the CITGO gas station at 3819 Jonesboro Rd. Officer Jackson activated his emergency equipment in the parking lot directly behind the vehicle. He exited his vehicle with his weapon in his hand, and gave the driver (Will King) and his passengers commands to put their hands in the air. Officer Jackson ordered the driver several times to turn the vehicle off and to open the door. The driver refused to comply and began to pull off while the officer was standing next to the driver's side of the vehicle. Officer Jackson fired his weapon one time striking the driver in the face. Will King drove the vehicle to 925 Conley Rd. where he jumped out of the vehicle and fled the scene on foot. The officer was able to detain the passengers when he pulled up to the driverless vehicle. We learned that the driver ran to a home on Bonnie Lane where he sought the assistance from someone to take him to South Fulton Hospital. He was later transported to Allanta Medical Center in critical but stable condition. Mr. King had three outstanding warrants for his arrest from Fulton, Dekalb, and Clayton Counties. He was held at AMC in police custody for those warrants. CST S McMillan processed the crime scenes. Mr. Kings' vehicle was impounded and taken to the homicide cage so that it could be processed.

THE UNDERSIGNED, BEING DULY SWORN, UPON HIS OR HER OATH, DEPOSES AND STATES THAT THE FOREGOING IS TRUE, CORRECT, COMPLETE AND LEGIBLE TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF.

Reporting Officer (Elyc. Sig. F.)	ID #	Assignment	Gender	Signed Date
CALHOUN (YES)	0042	313		4/5/2013
Significant (Elyc. Sig. F.)	ID #	Assignment	Gender	Signed Date
LACOSS (YES)	0241	313		4/5/2013
Click ID #	5554	File Date	4/6/2013 11:03:28 AM	



THE LAW OFFICES OF  
**McGUIRE, CROHAN & KLINGER**

*Not A Partnership*

1800 PEACHTREE STREET, SUITE 514  
ATLANTA, GEORGIA 30309  
Writer's direct Dial (404) 892-0033

TELEPHONE (404) 351-8500  
FACSIMILE (404) 351-8805

JAMES D. McGUIRE  
RICHARD B. CROHAN  
STANFORD N. KLINGER

September 24, 2013

Mayor Kasim Reed  
55 Trinity Ave.  
Suite 2400  
Atlanta, Georgia 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9274

The Members of the Atlanta City Council  
President Ceasar Mitchell  
Councilmember Carla Smith, Dist. 1  
Councilmember Kwanza Hall, Dist. 2  
Councilmember Ivory Lee Young, Dist. 3  
Councilmember Cleta Winslow, Dist. 4  
Councilmember Natalyn Archibong, Dist. 5  
Councilmember Alex Wong, District 6  
Councilmember Howard Shook, District 7  
Councilmember Yolanda Adrean, District 8  
Councilmember Felecia Moore, District 9  
Councilmember C.T. Martin, District 10  
Councilmember Keisha Lance Bottoms, District 11  
Councilmember Joyce Sheperd, District 12  
Councilmember Michael Bond, Post 1  
Councilmember Aaron Watson, Post 2  
Councilmember H. Lamar Willis, Post 3  
55 Trinity Ave., Suite 2900  
Atlanta, GA 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9298

Ms. Rhonda Johnson  
Clerk of Atlanta City Council  
55 Trinity Ave, Suite 2700  
Atlanta, Georgia 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9304

Cathy Hampton, Atlanta City Attorney  
Department of Law  
68 Mitchell Street  
Suite 4100  
Atlanta, GA 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9311

Re: Second Revised Notice of Claim Against the City of Atlanta, Georgia  
Claimant : Will Otis King a/k/a Will Otis King III  
Date of Injury : 04/04/13  
Location : 3819 Jonesboro Road, Atlanta, GA

Dear Mayor Reed, Atlanta City Council Members,  
City Clerk Johnson, and City Attorney Hampton:

This is a second revision and amendment to the initial ante litem notice sent to each of you on August 30, 2013, and the first supplement sent on September 17, 2013, regarding the above referenced claims of Will Otis King. Copies of the August 30, 2013 notice and September 17, 2013 revised notice are attached hereto and, except as revised, are incorporated herein by reference. This is being sent within six months of the event that gives rise to this claim. Please consider this second revision, amendment and supplemental notice as a revision and amendment of the prior notices revising and correcting the Date of Injury to read: April 4, 2013.

In addition to the claims contained in the initial ante litem notice and revision, the City of Atlanta Officer K. Jackson (unit 2313), City of Atlanta Police Officers, City of Atlanta and the City of Atlanta Police Department and other City Officials, under color of law, subjected Will Otis King a citizen of the United States, to the deprivation of rights, privileges, and immunities secured by the Constitution and laws. As such, the involved City of Atlanta Police Officers (including but not limited to Officer K. Jackson (unit 2313), City of Atlanta and the City of Atlanta Police Department and other City Officials, are liable to Will Otis King under 42 USC §1983.

Will O. King specifically reserves the right to amend this and any other notice, pursue other theories of liability, to allege other acts of negligence by Officer Jackson, the City of Atlanta, the City of Atlanta Police Department, other City of Atlanta entities, or other private persons or entities as more details become available through the investigation or through the litigation of this matter should it become necessary.

Your return receipt will inform us of the date you received this notice. Please direct all future correspondence to this office and contact me if you have any questions.

Sincerely yours,

[51]  
Richard B. Crohan

SNK/haw

cc: James D. McGuire, Esq.



THE LAW OFFICES OF  
**McGUIRE, CROHAN & KLINGER**

*Not A Partnership*

1800 PEACHTREE STREET, SUITE 514

ATLANTA, GEORGIA 30309

Writer's direct Dial (404) 892-0033

TELEPHONE (404) 351-8500

FACSIMILE (404) 351-8805

JAMES D. McGUIRE  
RICHARD B. CROHAN  
STANFORD N. KLINGER

September 17, 2013

Mayor Kasim Reed  
55 Trinity Ave.  
Suite 2400  
Atlanta, Georgia 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9229

The Members of the Atlanta City Council  
President Ceasar Mitchell  
Councilmember Carla Smith, Dist. 1  
Councilmember Kwanza Hall, Dist. 2  
Councilmember Ivory Lee Young, Dist. 3  
Councilmember Cleta Winslow, Dist. 4  
Councilmember Natalyn Archibong, Dist. 5  
Councilmember Alex Wong, District 6  
Councilmember Howard Shook, District 7  
Councilmember Yolanda Adrean, District 8  
Councilmember Felecia Moore, District 9  
Councilmember C.T. Martin, District 10  
Councilmember Keisha Lance Bottoms, District 11  
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Councilmember Michael Bond, Post 1  
Councilmember Aaron Watson, Post 2  
Councilmember H. Lamar Willis, Post 3  
55 Trinity Ave., Suite 2900  
Atlanta, GA 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9236

Ms. Rhonda Johnson  
Clerk of Atlanta City Council  
55 Trinity Ave, Suite 2700  
Atlanta, Georgia 30303

VIA CERTIFIED MAIL NO.  
7005 1160 0000 9827 9243

Cathy Hampton, Atlanta City Attorney  
Department of Law  
68 Mitchell Street  
Suite 4100  
Atlanta, GA 30303

VIA CERTIFIED MAIL NO.  
7005 1820 0000 9827 9250

Re: Revised Notice of Claim Against the City of Atlanta, Georgia  
Claimant : Will Otis King a/k/a Will Otis King III  
Date of Injury : 04/06/13  
Location : 3819 Jonesboro Road, Atlanta, GA

Dear Mayor Reed, Atlanta City Council Members,  
City Clerk Johnson, and City Attorney Hampton:

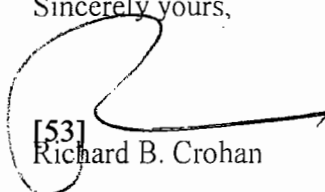
This is a revision and amendment to the ante litem notice sent to each of you on August 30, 2019, regarding the above referenced claims of Mr. King. A copy of the prior notice is attached hereto and, except as set forth herein, is incorporated herein by reference. This is being sent within six months of the event that gives rise to this claim. Please consider this supplemental notice as a revision and amendment of the August 30, 2013 notice to include all damages allowed under Georgia law for personal injuries, including but not limited to those which may lead to death, and those recognized and allowed under the wrongful death statute, as well as for punitive damages. In addition, after further review of the facts and injuries of this case, the amount claimed is hereby revised to five million dollars (\$5,000,000.00).

Will O. King specifically reserves the right to amend this and any other notice, pursue other theories of liability, to allege other acts of negligence by Officer Jackson, the City of Atlanta, the City of Atlanta Police Department, other City of Atlanta entities, or other private persons or entities as more details become available through the investigation or through the litigation of this matter should it become necessary.

<sup>c</sup> Pursuant to O.C.G.A. section 36-33-5, this revised notice of claim is being sent within six months of the happening of the event upon which the claim against the municipal corporation is predicated. Mr. King is hereby presenting the claim in writing to the governing authority of the municipal corporation for adjustment. The code mandates that the governing authority act upon the claim within 30 days from the presentation.

Your return receipt will inform us of the date you received this notice. Please direct all future correspondence to this office and contact me if you have any questions.

Sincerely yours,



[53]  
Richard B. Crohan

SNK/haw

cc: James D. McGuire, Esq.

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor Kasim Reed  
SS Trinity Ave  
Suite 2400  
Atlanta, GA 30303

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery
- C. Received by (Printed Name) ☒ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type Return Receipt Requested
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0001 2758 7066

PS Form 3811, February 2004

Domestic Return

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mrs. Rhonda Johnson  
Clark of Atlanta City Council  
SS Trinity Ave  
Suite 2700  
Atlanta, GA 30303

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Received by (Printed Name) ☐ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type Return Receipt Requested
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0001 2758 7060

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mrs. Rhonda Johnson  
Clark, City of Atlanta Council  
SS Trinity Ave, Suite 2700  
Atlanta, GA 30303

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☒ Date of Delivery
- C. Received by (Printed Name) ☒ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type Return Receipt Requested
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0000 9827 9243

PS Form 3811, February 2004

Domestic Return Receipt

## SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Mayor Kasim Reed  
SS Trinity Ave.  
Suite 2400  
Atlanta, GA 30303

## COMPLETE THIS SECTION ON DELIVERY

- A. Signature ☒ Agent ☐ Addressee
- B. Received by (Printed Name) ☐ Date of Delivery
- C. Received by (Printed Name) ☐ Date of Delivery
- D. Is delivery address different from item 1? ☐ Yes ☐ No
- If YES, enter delivery address below:

3. Service Type Return Receipt Requested
- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.
4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

(Transfer from service label)

7005 1160 0000 9827 9274

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Mayor Kasim Reed  
55 Trinity Ave.  
Suite 2400  
Atlanta, GA 30303*

2. Article Number  
(Transfer from service label)

7005 1160 0000 9827 9229

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Ms. Rhonda Johnson  
Clark of Atlanta City Council  
55 Trinity Ave, Suite 2700  
Atlanta, GA 30303*

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Sharonne Turner* ☒ Agent ☐ Addressee
- B. Received by (Printed Name) *Sharonne Fraser* C. Date of Delivery *9/23/13*
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

**3. Service Type Return Receipt Requested**

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *Pat Muskaul* ☐ Agent ☒ Addressee
- B. Received by (Printed Name) *Pat Muskaul* C. Date of Delivery *9/25/13*
- D. Is delivery address different from item 1? ☐ Yes ☒ No  
If YES, enter delivery address below:

**3. Service Type**

- ☒ Certified Mail ☐ Express Mail
- ☐ Registered ☐ Return Receipt for Merchandise
- ☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes ☒ No

2. Article Number  
(Transfer from service label)

7005 1160 0000 9827 9304